STATE OF MAINE



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333-0135 Office: 242 State Street, Augusta, Maine

Tel: (207)287-4179 FAX: 287-6775

Website: www.mainc.gov/ethics

STATEMENT OF SOURCES OF INCOME 1 M.R.S.A. §§ 1016-A et seq.

COVERING THE CALENDAR YEAR
JANUARY 1, 2006 THROUGH DECEMBER 31, 2006

FULL NAME:	TIMOTHY DRISCOLL			check the appropriate box and fill in strict number.
MAILING ADDRESS:	III MONROE AVENUE	<u> </u>	_	
CITY:	WESTBLOOK		」	Member of the Senate, District
ZIP CODE: _	14092			
PHONE NUMBER:	856-7014	Ľ	X	Member of the House, District 126

GENERAL INSTRUCTIONS

1. Please file this statement with the Clerk of the House or the Secretary of the Senate by:

5:00 p.m. on February 15, 2007.

- 2. The report covers you, your spouse, and your dependent children.
- 3. Report only specific sources of income. Dollar amounts need not be listed.
- 4. Campaign contributions duly recorded as required by law need not be reported in this statement.
- 5. Attach additional sheets if needed. Label attachments with your name, address, and the date.
- 6. Please sign on Page 4.
- The completed statements will be posted as a 'pdf' on the Commission's website.
- 8. State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information relating to the proceding year. Additionally, the law (1 M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.

MODE A MODE OF THE STATEMENT FOR VOID HIT ES

PLEASE KEEP A COPY OF THIS STATEMENT FOR FO	ON CIPES:
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Disclosure statements are made available to members of the public upon request.

Thank you for your cooperation.

PART I. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER. Name each employer from whom you received compensation of \$1,000 or more. Specify also the principal type of economic activity of each employer.

Name of Employer	<u>Address</u>	Principal Type of Economic Activity of Employer
	-	
. State of Maine	144 State St. Portland ME Augusta	Ligiolator
* THE REPORT TO THE PARTY OF TH		
. Enter the name and addre	th a partnership, firm, professional association	Legislators who are self-employed.) areas of economic activity from which you derive a, or similar business entity, list the major areas of
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
·		
·		
•		
Specify only the principa Name of Source	l type of economic activity of the entity or personal description of the entity of the entity of personal description of the entity of the e	Principal Type of Economic Activity of Entity or Person Who Is the Source of Income
	•	
	TO BE THAT SETTING THE CONTROL AND ADMINISTRATION OF THE CONTROL OF T	
- Tarana		
	OF PRACTICE. (For Legislators who are a way firm, list the major areas of practice of you	attorneys-at-law only.) List your major areas of r firm.
Name and Address of Fin	(self)	<u>Major Areas of Practice</u> (firm)
•		

PART IV. OTHER SOURCES OF INCOME. Name each source of income of \$1,000 or more not listed in Parts I, II, or III of this form. Do not include gifts. If none, so state.

Name of Source	Address	Kind of income
1. None		b
3		
	ing the reporting period, and list the major	names of creditors for any unsecured loans of areas of economic activity of each creditor. Do
		Principal Type of Economic
Name of Creditor	Address of Creditor	Activity of Creditor
1. None		
2		
aggregate value of more than \$300 fr		gift of more than \$300. Include gifts with an
	4	
	IONORARIA. List the source of any he	onoraria accepted for appearances or speeches
1. <u>None</u>	3	
	4	
PART VIII. REPRESENTATION you represented or assisted others for	•	fy each executive branch agency before which tate.
	4	
		THE BOOK AND A STATE OF THE STA

	with a value in excess of \$1,000 during the reporting period. If none, so state.
1. une	
PART X. INCOME RECEIVED BY MEMI	BERS OF IMMEDIATE FAMILY.
List the type of economic activity representing child(ren) during the reporting period and the kincome received by spouse and (D) beside sour	each source of income of \$1,000 or more received by your spouse or dependent and of income represented. Do not include gifts. Indicate (S) beside sources of the each of the e
Type of Economic Activity Representing Each Source of Income Received	Kind of Income
1. Healthcare (Narse) (S)	Employment
2. Food Service (D)	Employment.
3.	
	
4	
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appears that a Legislator has willfully a Attorney General. If the Commission of statement or has willfully filed a false s interest on every question and shall be branch of the Legislature, and shall no	ent shall be a Class E crime. If the Commission concludes that it filed a false statement, it shall refer its findings of fact to the determines that a Legislator has willfully failed to file a required statement, the Legislator shall be presumed to have a conflict of precluded from voting on any question in committee or in either attempt to influence the outcome of any question. A Legislator itement is subject to a civil penalty not to exceed \$1,000, payable to ion. (1 M.R.S.A. § 1019)
musts Deci	1-4-07
Signature	Date